Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

∠e⊎ Doen to Public

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	2011 cale	endar year, or tax ye	ear beginning	Januray 1	, 2011,	and ending	Decen	nber 21,	, 20 11	
В	Check if	applicable:	C Name of organizatio	n American Fe	deration of Gove	ernment Emplo	yees		D Employ	er identification n	umber
	Address		Doing Business As	AFGE Local 16	47					23-7188524	
Η		•	Number and street (treet address)	Room/suit	e	E Telepho	ne number	
님	Name ch	-	• · · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00				
	Initial ret		11 Hap Arnold Blv							570-615-7789	
\sqcup	Terminat	ed	City or town, state o		+ 4						
\sqcup	Amende		Tobyhanna, Pa. 18						G Gross re	`	632,564
	Applicati	on pending	F Name and address of	of principal officer	Anthony T. Fo	erreira, Preside	ent	H(a) is this	a group return	for affiliates? Yes	✓ No
			64 Cartwood Dr., F	reeland, Pa. 18	224-9720			H(b) Are a	ll affiliates ii	ncluded? 🔲 Yes	☐ No
$\overline{}$	Tax-exe	mpt status:	501(c)(3)	√ 501(c) (5) ◄ (insert no	4947(a)(1) or	527	If "N	lo," attach a	a list. (see instructio	ns)
<u>.</u>	Website		w.afge.org					H(c) Groun	exemption	n number ▶	
K			Corporation True	et DAssociatio	on ✓ Other ► Lo	ocal Union L Ye	ear of formati			of legal domicile.	PA
	Part I	Summ		31 A330CIALIO	II V Other 2	Joan Official E.	CO OI IOIIICE	JII. 1003	- IN Otate	or legal dornione.	
						Figure activities		 			
	1		escnbe the organiz							Donatti	
ø			eration is to promot		ellare of Govern	iment Employe	es assigne	u to the Tob	ynanna A	uniy Depot, will	CII
としば Governance		includes	all tenant organizat	uons.					-		
≥ E			·····								
ZIU2 Gover	2		nis box ▶☐ ıf the o	_						ıts net assets.	
		Number	of voting members	s of the govern	ing body (Part	VI, line 1a).			3	. <u></u>	1837
ىد Hies &	4	Number	of independent vo	ting members	of the governin	g body (Part V	/I, line 1b)		4		0
າ ≢	5	Total nur	mber of individuals	employed in d	calendar year 2	011 (Part V, lin	ne 2a) .		5		5
J ಓ' ॐ ড Activities &	6	Total nur	mber of volunteers	(estimate if ne	ecessarv)				6		40
Potiv .	7a		related business re	•					7a		0
	b		lated business tax						7b		0
11-	+ 5	Net unit	iated business tax	able income in	OIII OIII 330	, 11110 0-4	· · · · · ·	Prior Y		Current Ye	
SCANNICE		O	tions and aroute (Sout VIII lime 16	~\		-				
£ 9	8		tions and grants (F				· · ·				
₹ 5	9	_	service revenue (F				ļ		608,623		628,843
SCALLE Revenue	10		ent income (Part VI				_		4,348		3,721
· ·	11		venue (Part VIII, co								
	12	Total rev	enue-add lines 8	through 11 (mu	ıst equal Part VI	II, column (A),	line 12)		612,971		632,564
	13	Grants a	ind similar amounts	s paid (Part IX,	column (A), lin	es 1–3)	L				
	14	Benefits	paid to or for men	nbers (Part IX,	column (A), line	4)					
Ç0	15	Salaries,	other compensation	n, employee be	enefits (Part IX, c	olumn (A), lines	s 5–10)		64,794		102,019
Expenses	16a	Profession	onal fundraising fe	es (Part IX, col	umn (A), line 1	1e)	[
ē	ь		ndraising expenses	-							
ă	17		penses (Part IX, co						461,730		465,401
	18		penses. Add lines				55		526,524		567,420
		-		-			~"		86,447		
	19	Revenue	e less expenses. Si	ubtract line 16			0 B	leginning of Co		End of Ye	65,144
8 0	ğ				[2] OCT 1	5 2012	ÖΙ Γ	eginning or Ci		Lindonie	
sset.	E 20		sets (Part X, line 16	•	[₽]. ()C.1 3	1	<u>છે</u> ⊢	····	504,669		569,813
Net Assets or	일 21		oilities (Part X, line		· L		≝ŀ· ⊦				
			ets or fund balance	s. Subtract lin	e 21 fr@n@n@	PN UT	<u>. </u>		504,669	<u> </u>	569,813
	art II	Signa	ture Block								
U	nder pena	lties of perj	ury, I declare that I have	e examined this ret	um, including acco	mpanying schedul	es and staten	nents, and to	the best of	my knowledge and	l belief, it is
tr	ue, correc	t, and comp	plete Declaration of pre	parer (other then of	fficer) is based on a	Il information of w	hich preparer	has any know	ledge		
			-110hm 2	XUM	adu X	1	•			//	
Si	gn	Sign	pature of officer		7			Di	ate	10/10/12	
	ere		Idhin I	JAIAdie	Ja V	COPTADO	1/1	DEACIA	DER	, , ,	
		Tvo	e or print name and title	ylumu g	786 -11	ar ing		CE FIJY	<u> </u>		
			ype preparer's name		reparer's signature	<u> </u>	Dat	te	Т	PTIN	
	aid		, y - F - F	ľ			,		Check self-em	[_] ut [
	repare				· ·					proyect	
U	se On								n's EIN ▶		
			address ▶	.				Ph	one no		
М	ay the II	15 discus	s this return with t	ne preparer sh	iown above? (s	ee instructions	5)		• • •	Yes	No No

orm 99	0 (2011)			Page 2						
Part										
	· · · ·		<u>rt III </u>	<u>. </u>						
1		promote the general welfare of Governm	nent Employees. Promote efficiency, advance place of activities at all levels throughout the Federal							
2	Did the organization undertake any sign prior Form 990 or 990-EZ?		vear which were not listed on the] No						
3	Did the organization cease conducting services?	ng, or make significant changes in	how it conducts, any program] No						
4	If "Yes," describe these changes on Sci Describe the organization's program se expenses. Section 501(c)(3) and 501(c) grants and allocations to others, the tot	ervice accomplishments for each of r c)(4) organizations and section 4947	ts three largest program services, as measur (a)(1) trusts are required to report the amore each program service reported.	red b unt c						
4a	(Code:) (Expenses \$									
	Local 1647 served 1837 members in 2011. Represtation at the National Convention is provided. Negotiations with management when there are changes in Employment Policies and Practices related to working conditions. Representation is also provided when there are examinations of an employee by management or any conflict between management and employees.									
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
4d	Other program services (Describe in Sc (Expenses \$ including	chedule O.) grants of \$) (Reven	ue\$)							

Form **990** (2011)

Form 99			F	Page 3
Part	V Checklist of Required Schedules	т	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	:	✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	√
		Forr	n 990	(2011)

Part	Checklist of Required Schedules (continued)			<u></u>
0.4	Dilli		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		→
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d		24d		√
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	• •	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		1
		Fort	n 990	(2011)

Form 99				Page (
Part				_
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	· L No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		<u> </u>	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		ł
	reportable gaming (gambling) winnings to pnze winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	L	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ا ۔ ا		1
	·	4a	 	+
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duning the tax year?	5a	1	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	\vdash	7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		17
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		 	†
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	L	✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			١.
_	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
	·	7c	├	✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f	\vdash	▼
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	\vdash	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		1	<u> </u>
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		ļ	
	organization, have excess business holdings at a ny time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ــــــ	√
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	├ ──	✓
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:	1		
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	√
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Ť
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	L	L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	1

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ions.				
Section	on A. Governing Body and Management							
	•		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
3	any other officer, director, trustee, or key employee?	3	-	1				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .							
6	Did the organization have members or stockholders?	6	✓					
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	·= _					
a	The governing body?	8a	√	 				
þ	Each committee with authority to act on behalf of the governing body?	8b	✓	 				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	odo.	1				
Secti	ion B. Policies (This Section B requests information about policies not required by the internal neven	ue C	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		 				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		\vdash				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		✓				
14 15	Did the organization have a written document retention and destruction policy?	14		1				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		,-				
a	The organization's CEO, Executive Director, or top management official	15a	 	1				
b	Other officers or key employees of the organization	15b	\vdash	✓				
16a		16a		\ \				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			<u> </u>				
	organization's exempt status with respect to such arrangements?	16b		✓				
	ion C. Disclosure							
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501	(c)(3)s	only				
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inte	rest p	oolicy				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶ John J Lynady Jr. 570-615-7789 11 Hap Arnold Blvd. Tobyahnna Army Depot, Tobyhanna, PA. 1846							

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Page	•

Part VII	Compensation of Officers, Di	irectors, Trustees,	Key Employees, H	lighest Compensated	Employees, and
	Independent Contractors				

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	any related	d orga	anız	atio	n c	<u>omp</u> e	nsa	ted any curren	t officer, director	, or trustee.
				(0	>)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	(do not check more that box, unless person is b					Reportable	Reportable	Estimated	
	hours per					or/trust			compensation from	amount of
	week (describe	유글	<u></u>	₽	8	육등	7	from the	related organizations	other compensation
	hours for	di M		Officer	ğ	98	Former	organization	(W-2/1099-MISC)	from the
	related organizations	Individuel trustee or director	ğ		Key employee	8 6		(W-2/1099-MISC)		organization and related
	in Schedule	25	ᇙ		yee	∄		1		organizations
	O)	69	Institutionel trustee			Highest compenseted employee				
					<u> </u>					
(1) Anthony T. Ferreira]		ll							
President	40			✓			L	5636	0	6169
(2) Kathleen A. Powell]	•					l			
1st Vice President	40			✓			L.	3231	0	3354
(3) Richard F. Solan]									
2nd Vice President	20			✓			L.	1650	0	225
(4) John J Lynady Jr]			ł						
Secretary/Treasurer	15			✓	L.,		L	13005	0	3104
(5) Rose M. Gesell					i					
Recording Secretary	4			✓	<u> </u>			2647	0	0
(6) Michael J. McGinty				١.		ĺ				
Sgt. @ Arms	4			✓	<u> </u>		ļ	1487	0	0
(7) Floyd I. Adams					l					
E-Board	4		L	✓	╙	ļ	_	1891	0	0
(8) Louis M. Borgia		1		١.	İ				_	_
E-Board	4	<u> </u>	<u> </u>	✓	<u> </u>	<u> </u>	<u> </u>	1200	0	0
(9) Thomas D. Krahel		1		١.					_	_
E-Board	4	<u> </u>	L	✓	┝	ļ	<u> </u>	4361	0	0
(10) Edward F. Sabecky			1	١.					_	_
E-Board	4	<u> </u>		✓	<u> </u>	<u> </u>	ļ	2041	0	0
(11) Ronald P. Wassil						Ì			_	_
E-Bord	4	<u> </u>	_	✓	-	.	ļ	1400	0	0
(12)										
(13)	-									
(14)										

•	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule	box, ι	ınles	s pe	more rson	than control Highest compenseted employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-Mi	from ns	Esti amo o comp froi orgai and	mated bunt of ther ensation the nization related	1
(15)							<u> </u>	-						
(16)														
(17)														
(18)								<u> </u>					-	
(19)					<u> </u>					· · · · · · · · · · · · · · · · · · ·				
(20)									•	, .			. .	
(21)								-						<u> </u>
(22)														
(23)														
									:					
(24)														
(25)														
1b c	Sub-total	VII, Section	n A					>	38549		0			0 12852
2 2	Total (add lines 1b and 1c)	t not limited						e) w	nho received m	ore than \$10	0 0,000	of		12852
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc							ployee, or high			3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	portal an \$	ble (150,	000	npei)? /	nsatio f "Ye	on a s, "	ind other comp co <i>mplet</i> e Sc <i>l</i>	ensation fro	m the			
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue c	ompe	nsa	tion	fro	m any	/ un	related organia	zation or ind		5		√
Section	on B. Independent Contractors	: 11 100, 0	Jonipi	CiC				<u> </u>	saon person		<u> </u>] 3	<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	((C) Compens	ation	
								-						
		-		ut n					·					

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
مَ ق	C	Fundraising events 1c					
£ ₹	d	Related organizations 1d	···				
ଞ୍ ଞ୍ରା		Government grants (contributions) 1e					
S F	e f	All other contributions, gifts, grants,					
Contributions, Gifts, and Other Similar An		and similar amounts not included above					
흔히			1				
통	9	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f					
횔			Business Code			_ =	
ě	2a	UNION DUES	900099	594857	594857		
æ	b						
<u>Ş</u>	С						
Program Service Revenue	d						
E	е						
멸	f	All other program service revenue .	00099	33986	33986		
윤	g	Total. Add lines 2a-2f	•	628843			<u> </u>
	3	Investment income (including divid					
		and other similar amounts)		3721			
	4	Income from investment of tax-exempt b					
	5	Royalties	•				
	J	(i) Real	(ii) Personal				
	60	_	(.,,				
	6a		 				
	b	Less: rental expenses					ļ
	C	Rental income or (loss)				-	
	_d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory		İ			
	b	Less: cost or other basis]				
		and sales expenses .					
	С	Gain or (loss)			_	-	
	d	Net gain or (loss)	<u> </u>				
venue	8a	Gross income from fundraising					
.		events (not including \$					
		of contributions reported on line 1c).					
<u>_</u>		See Part IV, line 18	a				
Other Re	ь	Less: direct expenses)	1			
U	С	Net income or (loss) from fundraising	events . ►				
		Gross income from gaming activities.					
		See Part IV, line 19					1
	h	Less: direct expenses		1			
	c	Net income or (loss) from gaming ac		†			
,	_	Gross sales of inventory, less					
	104	returns and allowances					
				1			
	b	Less: cost of goods sold		-		-	-
	C	Net income or (loss) from sales of inv Miscellaneous Revenue	Business Code				
	<u></u>	Miscella leous nevenue	Dusiness Code		-		
	11a						
	b			ļ. — — — — — — — — — — — — — — — — — — —	- · · · - · · · ·		
	С						
	d	All other revenue	L				
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u> ▶</u>	632,564	628,843		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons		n this Part IX		<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				!
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				· <u>·</u> ·····
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	51401	38549	12852	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	50618	50618		
9 10 11	Other employee benefits				
a	Management	2276	2276		
b	Legal	5145	5145		
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates	425,457	425,457	<u>-</u>	
22	Depreciation, depletion, and amortization .				
23	Insurance				 -
24	Other expenses. Itemize expenses not covered				i
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	ADMINISTRATION	14276		14276	
b	OVERHEAD	17040	480-	17040	
C	GRANTS/GIFTS	1207	1207		
d		-			
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	F67 420	523,252	44,168	
25	Joint costs. Complete this line only if the	567,420	323,232	44, 100	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			400	

: ' · · ·

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	504,669	_1	569,813
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	 -
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			1
	b	Less: accumulated depreciation 10b	- ,	10c	+ /
	11	Investments—publicly traded securities		11	
	12	Investments—other secunties. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	504,669	16	569,813
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		00	
垣		·		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26			25 26	
	20	Total liabilities. Add lines 17 through 25		-20	
ces		lines 27 through 29, and lines 33 and 34.			
쿌	27	Unrestricted net assets		27	
æ	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	1
0	30	Capital stock or trust principal, or current funds	-	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Asi	32	Retained earnings, endowment, accumulated income, or other funds .		32	65,144
<u>=</u>	33	Total net assets or fund balances	504,669		569,813
Z	34	Total liabilities and net assets/fund balances	504,669		569,813
					Form 990 (2011)

Oilli Sc	0 (2011)			га	ige iz
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u> </u>	
	Table was a found a seed Book VIII as here (A) has 400	ا م			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2 3	Total expenses (must equal Part IX, column (A), line 25)	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			—
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	3			
·	column (B))	6			
Part	XII Financial Statements and Reporting	0	_		_
Tart	Check if Schedule O contains a response to any question in this Part XII				
	Oncok ii Concount C Contains a response to any question in this rat XIII	•••••	•	Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın			
	Schedule O.				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accour	tant?	2c	1	1
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in			
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	r were			ĺ
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Forr	n 99 0	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of the organization		Employer identification number	
Amer	ican Federation of Government Employees Loca	al 1647		23-7188524
		r Advised Funds or Other Similar Fu	inds or	Accounts. Complete if the
	organization answered "Yes" to Fo			·
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in o	tonor advised
	funds are the organization's property, subject	t to the organization's exclusive legal cont	rol?	· · · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, dor	nors, and donor advisors in writing that gr	ant funds	-
	only for chantable purposes and not for the			
Par		lete if the organization answered "Yes		
1	Purpose(s) of conservation easements held to			
	· · · · · · · · · · · · · · · · · · ·	recreation or education) Preservation	of an hist	torically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribut	tion in the	e form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements .		[2a
b	Total acreage restneted by conservation eas	ements		2b
С	Number of conservation easements on a cer			2c
d	Number of conservation easements include	ed in (c) acquired after 8/17/06, and no	t on a	
	historic structure listed in the National Regist	ter		2d
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	rminated	by the organization dunng the
	tax year ▶			
4	Number of states where property subject to	conservation easement is located ▶		
5	Does the organization have a written poli			
	violations, and enforcement of the conservat	non easements it holds?		· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservatio	n easem	ents during the year
	>			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements	during the year
	▶ \$			
8	Does each conservation easement reported			
	(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization re	ports conservation easements in its reveni	ue and ex	cpense statement, and
	balance sheet, and include, if applicable, the		financial s	statements that describes the
_	organization's accounting for conservation e	asements.		
Par		ctions of Art, Historical Treasures, o		Similar Assets.
	 	ered "Yes" to Form 990, Part IV, line 8		
1a	, ,	·		
	works of art, historical treasures, or other			
	public service, provide, in Part XIV, the text of	of the footnote to its financial statements th	nat descr	ibes these items.
b	, ,			
	works of art, historical treasures, or other		education	n, or research in furtherance o
	public service, provide the following amount	<u> </u>		
	(i) Revenues included in Form 990, Part VIII,	, line 1		. • \$
	(ii) Assets included in Form 990, Part X			. • \$
2	If the organization received or held works	of art, historical treasures, or other simil	ar assets	
	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, lin	e1		. • \$
.	Accests included in Form 900, Port Y			•

		_	•
۲	ag	е	4

Part	III Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of the fo	ollowing that are a s	significant use of its
а	☐ Public exhibition		d	Loan	or exchange p		
b	☐ Scholarly research		е	☐ Other	r <u></u>		
С	☐ Preservation for future generations						
4	Provide a description of the organization XIV.	tion's collections a	and expla	ain how t	hey further the	e organization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						
Part	IV Escrow and Custodial Arra						
	line 9, or reported an amour				jameaton an	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
1a	Is the organization an agent, trustee				or contribution	s or other assets no	ot
	included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIV and compl	ete the fo	ollowing t	able:		
		•		_		A	mount
С	Beginning balance					1c	
d	Additions duning the year					1d	
e	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21? .			☐ Yes ☐ No
	If "Yes," explain the arrangement in P	art XIV.					
Part	V Endowment Funds. Compl						
		(a) Current year	(b) Pr	or year	(c) Two years ba	ack (d) Three years bac	k (e) Four years back
1a	Beginning of year balance						
b	Contributions						<u> </u>
С	Net investment earnings, gains, and		ļ				
	losses		ļ				
d	Grants or scholarships						
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance	<u></u>					
2	Provide the estimated percentage of	_		ce (line 1g	g, column (a)) h	ield as:	
а	Board designated or quasi-endowme	nt ▶	%				
b	Permanent endowment ▶	%					
С	Temporarily restricted endowment						
_	The percentages in lines 2a, 2b, and			'a' al-			
за	Are there endowment funds not in the	e possession of ti	ne organ	ization th	at are nelu an	a auministerea for ti	
	organization by:						Yes No
	(i) unrelated organizations						3a(i) 3a(ii)
L	(ii) related organizations						3b
ь 4	Describe in Part XIV the intended use						30
Part							
Fall	Description of property	(a) Cost or o		1	or other basis	(c) Accumulated	(d) Book value
		(investm		1 ' '	other)	depreciation	
1a	Land			 			
b	Buildings	•		 			
C	Leasehold improvements	•		 			· · · · · · · · · · · · · · · · · · ·
d	Equipment	•	 	 			
e Tabel	Other		000 0	V 00#:	n /P) /mo 10/-1		
i otai.	Add lines 1a through 1e. (Column (d) i	nust equal Form 9	isu, Part	A, COIUMI	rr (b), iirie TU(c)	<u>// </u>	

Part VII	Investments – Other Securities	. See Form 990, Part X,	line 12.	
(1	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financia	I denvatives			
-	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)			 	
(F)			· · · · · · · · · · · · · · · · · · ·	
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments – Program Relate	 	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			
		a) Description		(b) Book value
(1)	11.5			
(2)	1 4-1-1			-9
(3)	21			
(5)				
(6)				
(7)				
(8)				·
(9)				
(10)		(-)		
	umn (b) must equal Form 990, Part X, o		<u> </u>	
Part X	Other Liabilities. See Form 990 (a) Description of liability	(b) Book value	T	
1. (1) Fodom	at income taxes	(b) Book value	-	
(2)	il ilicome taxes		-	
(3)			7	
(4)			7	
(5)			7	
(6)			7	
(7)				
(8)				
(9)			_	
(10)				
(11)			_	
	n (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	
	ASC 740) Footnote. In Part XIV, providen's liability for uncertain tax positions		o tne organization's financial statem	ents that reports the
organizatio	ni s hability for uncertain tax positions i	under Fils 40 (A30 /40).		

Pari	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	632,564
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	567,420
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	65,144
4	Net unrealized gains (losses) on investments	4	00,111
5	Donated services and use of facilities	5	
6	Investment expenses	8	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	8	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	65,144
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	_	
1	Total revenue, gains, and other support per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_	
a	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of pnor year grants	7	
d	Other (Describe in Part XIV.)	7	
e	Add lines 2a through 2d	26	0
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	_	
c	Add lines 4a and 4b	40	. 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		er R	letum
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)	7	
е	Add lines 2a through 2d	26	9 0
3	Subtract line 2e from line 1	3	567,420
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)	7	
С	Add lines 4a and 4b	40	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	567,420
Part	XIV Supplemental Information		
Part \	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also conditional information.		

Schedule D (For	m 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
	······································	
		

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

American Federation of Government Employees Local 1647

Supplemental Information to Form 990 or 990-EZ

Employer identification number

23-7188524

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

FORM 990 Part 1 Item K: Organization Type: Local Union
FORM 990 Part 1 Item 1: Description of Organization Mission:
Promotes efficiency, plans of improvement and promotes the full participation of women and minorities in AFGE activities at all Level
throughout the Federation.
FORM 990 Part III Line 1: Description of the Organization Mission.
FORM 990 Part VI Section A Line 6: As a Labor Organization, the Union has members which it represents.
FORM 990 Part VI Section A Line 7a: Expenses to be paid to Officers, Reimbursements exceeding \$500.00 must be approved by the
Majority membership at a meeting. Also, Officer nonminations and elections are determined by member votes.
FORM 990 Part VI Section A Line 7b: Members are given the opportunity to nominate and elect candidates by majority vote.
FORM 990 Part VI Section B Line 11: A draft copy is submitted to the organization prior to filling.
FORM 990 Part VI Section C Line 19: They are published on the National Organization's web site.